

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040700

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED OCT 19 1962

1003

Registrar's No.

9770

STATE FILE NUMBER

VS 300
Rev. 4/59

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2 215
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DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 3 days		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>												
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 5011 a S. Broadway		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
3. NAME OF DECEASED (Type or print)			First Julius			Middle H.			Last Schellhardt Jr.			4. DATE OF DEATH Month October			Day 11			Year 1962		
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-30-1886		9. AGE (last birthday) 76		IF UNDER 1 YEAR Months 76		Days 76		IF UNDER 24 HR Hours 76		Min. 76				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard				10b. KIND OF BUSINESS OR INDUSTRY Alligator Co.				11. BIRTHPLACE (City and state or country) Oakville, St. Louis Co. Mo.				12. CITIZEN OF WHAT COUNTRY U S A								
13a. FATHER'S NAME Julius H. Schellhardt Sr.				13b. MOTHER'S MAIDEN NAME Louisa Gebhardt				14. NAME OF HUSBAND OR WIFE May				Address 5011 a S. Broadway								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. [REDACTED]				17. INFORMANT Mrs. May Schellhardt				Address 5011 a S. Broadway								
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) malignancy of stomach Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 151x DUE TO (c) 151x																				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)												PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown								
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)																
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year																		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION				COUNTY				STATE								
21. I attended the deceased from 10/4/62 to 10/11/62 and last saw him alive on 10/11/62 Death occurred at 8.30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.																				
22a. SIGNATURE Jos. Granth				(Degree or title) MD				22b. ADDRESS 5521 S. Rowing				22c. DATE SIGNED 10/12/62								
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-13-1962		23c. NAME OF CEMETERY OR CREMATORY Old St. Johns Cemetery				23d. LOCATION (City, town, or county) Mehlville, Mo.				(State)								
24. FUNERAL DIRECTOR C. Hoffmeister Mortuaries				ADDRESS 7814 S. Broadway				25. DATE RECD. BY LOCAL REG. OCT 13 1962				26. REGISTRAR'S SIGNATURE Loat Smith. M.D.								

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Linus C. Hoffmeister

Licensed Embalmer No.

3871

P. O. Address

7814 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.